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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 264148001US1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | In re Application of Garth Brown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Application Number 10/714,438-Conf. #9371 | Filed November 14, 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | For MANAGED PRIVATE NETWORK SYSTEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Art Unit 2661 | Examiner Not Yet Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$ 950.00</td></tr> <tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</td><td>475.00</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>A check including the amount of the fee is enclosed.</td><td></td></tr> <tr> <td><input type="checkbox"/></td><td>Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr> <tr> <td><input type="checkbox"/></td><td>The Director has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number</td><td>50-0665</td></tr> </table> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the</p> <ul style="list-style-type: none"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 33,273 <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <p><u>6/29/04</u> Date</p> <p><u>Maurice J. Pirio</u> Signature</p> <p><u>(206) 359-8000</u> Telephone Number</p> <p><u>Maurice J. Pirio</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> | | | <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 950.00 | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ | <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ | 475.00 | <input checked="" type="checkbox"/> | A check including the amount of the fee is enclosed. | | <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | <input type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | 50-0665 |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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